

8/6/93 SB

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act).



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102  
(314) 751-3176

DATE RECEIVED  
FOR OFFICIAL USE ONLY)

NOTE: Return completed forms to the address above.

## NOTIFICATION OF REGULATED WASTE ACTIVITY

I. <input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete Item C)	C. Installation's EPA ID Number <b>MOD985805092</b>
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II. Name of Installation (Include company and specific site name;

R E L I A B L E B I O P H A R M A C E U T I C A L C O R P

III. Location of Installation (Physical address not P.O. Box or Route Number;

Street

1 9 4 5 W A L T O N R O A D

Street (Continued)

City or Town

State

ZIP Code

O V E R L A N D

M O

6 3 1 1 4 -

County Code

County Name

1 0 9

S T L O U I S

IV. Installation Mailing Address (See Instructions;

Street or P.O. Box

P O B O X 2 5 1 7

City or Town

State

ZIP Code

O V E R L A N D

M O

6 3 1 1 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site;

Name (last)

(first)

B U F A N O

M I C H A E L

Job Title

Phone Number (area code and number)

E V I R O N C O M P L I A N

3 1 4 - 4 2 9 - 7 7 0 0

VI. Installation Contact Address (See Instructions;

A. Contact Address

Location

Mailing

B. Street or P.O. Box

☒

☐

P O B O X 2 5 1 7

City or Town

State

ZIP Code

O V E R L A N D

M O

6 3 1 1 4 -

VII. Ownership (See Instructions;

A. Name of Installation's Legal Owner

W I L L I A M G A S H

Street, P.O. Box, or Route Number

P O B O X 2 5 1 7

City or Town

State

ZIP Code

O V E R L A N D

M O

6 3 1 1 4 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner

Indicator

(Date Changed)  
Month Day Year

3 1 4 - 4 2 9 - 7 7 0 0

P

P

Yes

No

X



R00126089

RCRA RECORDS CENTER

ID — For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)****A. Hazardous Waste Activity**

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
5. Underground Injection Control

**B. Used Oil Fuel Activities**

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
- Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

**IX. Description of Regulated Wastes (Use Additional sheets if necessary)****A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)**

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)**

1	2	3	4	5	6
D 0 9 8	U 1 5 4	U 1 8 8	U 0 3 1		
7	8	9	10	11	12

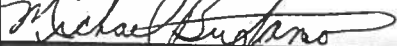
**C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)**

1	2	3	4	5	6

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE



NAME AND OFFICIAL TITLE (TYPE OR PRINT)

Michael Bufano Environmental Compliance

DATE SIGNED

7/14/93

**XI. Missouri Required Information**

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

0 1 4 9 4 0

S.I.C. CODE

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

Biochemicals &amp; Pharmaceutical Intermediates

**XII. Comments**

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES.